

16569 US PTO
012304

PTO/SB/50 (06-03)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	20501/066RIS																																
	First Named Inventor	Michael E. Embree																																
	Original Patent Number	6,148,473																																
	Original Patent Issue Date (Month/Day/Year)	11/21/2000																																
	Express Mail Label No.	EV335506538US																																
APPLICATION FOR REISSUE OF: (check applicable box)		<input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent																																
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS																																
<table border="0"> <tr> <td>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i></td> <td>10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. <i>See 37 CFR 1.173(c).</i></td> </tr> <tr> <td>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td> <td>11. <input type="checkbox"/> Original Patent Grant <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)</td> </tr> <tr> <td>3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format (amended, if appropriate)</td> <td>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i></td> </tr> <tr> <td>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</td> <td>13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. 1.175)(PTO/SB/51 or 52)</td> <td>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i></td> </tr> <tr> <td>6. <input checked="" type="checkbox"/> Power of Attorney</td> <td>15. <input checked="" type="checkbox"/> Preliminary Amendment</td> </tr> <tr> <td>7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i></td> <td>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></td> </tr> <tr> <td><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</td> <td>17. <input checked="" type="checkbox"/> Other: Certificate of Mailing Under 37 C.F.R. 1.10</td> </tr> <tr> <td><input checked="" type="checkbox"/> 37 C.F.R. 3.73(b) Statement (PTO/SB/96)</td> <td></td> </tr> <tr> <td>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</td> <td></td> </tr> <tr> <td>9. Nucleotide and/or Amino Sequence Submission <i>(if applicable, all of the following are necessary)</i></td> <td></td> </tr> <tr> <td>a. <input type="checkbox"/> Computer Readable Form (CFR)</td> <td></td> </tr> <tr> <td>b. 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NAME (Print/Type)	Gregg L. Jansen	Registration No. (Attorney/Agent)	46,799
Signature	<i>Gregg L. Jansen</i>	Date	January 23, 2004

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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17513 U.S.PTO
10/764385

012304

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
20501/066RIS

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 32	Total Claims (37 CFR 1.16(j))	(B) 32	**** 0	X\$ ____ =		or	X\$ ____ = \$0.00	
(C) 5	Independent Claims (37 CFR 1.16(i))	(D) 5	* 0	X\$ ____ =			X\$ ____ = \$0.00	
				Basic Fee (37 CFR 1.16(h))	\$ _____	OR	\$ 770.00	
				Total Filing Fee	\$ _____		\$ 770.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 26	MINUS	** 32	*=0	X\$ ____ =	or	X\$ ____ = 0	
Independent Claims (37 CFR 1.16(i))	*** 4	MINUS	***** 5	=0	X\$ ____ =		X\$ ____ = 0	
Total Additional Fee					\$ _____	OR	\$ 0	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 27 CFR 1.27.

Please charge Deposit Account No. 502382 in the amount of 770.00.
A duplicate copy of this sheet is enclosed.

The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 502382.
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A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

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January 23, 2004

Date

Signature of Applicant, Attorney or Agent of Record

46,799

Gregg L. Jansen

Registration Number, if applicable

Typed or printed name

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Certificate of Mailing under 37 CFR 1.10

Application Number	
Filing Date	
First Named Inventor	Michael E. Embree
Examiner Name	
Attorney Docket Number	20501/066RIS

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Reissue Patent Application Transmittal (1 page)
Reissue Application Fee Transmittal Form (1 page) in Duplicate
Specification and Claims in Double Column Copy of Patent Format and Drawings (15 pages)
Reissue Application Declaration by The Assignee (3 pages)
Reissue Application Consent of Assignee (1 page)
Statement Under 37 CFR 3.73(b) (1 page) With Copy of Recorded Assignment (6 pages)
Submission Accompanying Filing of Reissue Request (20 pages)
Information Disclosure Statement (2 pages)
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